

UAET (02-2008)



Unopposed Application for Extension of Time to Answer Complaint

Attach this form to the *Application for Extension of Time to Answer Complaint* event.

CASE AND DEADLINE INFORMATION

Civil Action No.: 6:10-cv-00329

Name of party requesting extension: Prolynkz, LLC

Is this the first application for extension of time in this case?

Yes

No

Second

Third

Other _____

Date of Service of Summons: 11-15-2010

Number of days requested: 30 days
 15 days
 Other _____ days

New Deadline Date: 01-05-11 *(Required)*

ATTORNEY FILING APPLICATION INFORMATION

Full Name: Sean Pate

State Bar No.: Pro Se

Firm Name: N/A

Address: 2010 Main Street

Suite 1250

Irvine, CA 92614

Phone: 949.307.3223

Fax: 949.271.4565

Email: seanpate@gmail.com

A certificate of conference does not need to be filed with this unopposed application.

This package is the property of the U.S. Postal Service® and is provided solely for use in sending Express Mail® shipments.

ENVELOPE		U.S. POSTAGE PAID TO: DEC 03 2010 AMOUNT \$18.30 00054188-06																																														
When used internationally affix customs declarations																																																
EX- PRESS MAIL <table border="1"> <tr> <td>Addressee Copy Last 10 digits of account number 1111 2222 3333 4444</td> <td>Post Office To Addressee</td> </tr> <tr> <td colspan="2"> DEIVERY (POSTAL USE ONLY) <table border="1"> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>AM</td> <td>Employee Signature</td> </tr> <tr> <td><input type="checkbox"/> Next Day</td> <td><input type="checkbox"/> 1 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Same Day</td> <td><input type="checkbox"/> 2 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Scheduled Date of Delivery</td> <td><input type="checkbox"/> 3 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt Fee</td> <td><input type="checkbox"/> 4 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td colspan="3"> CUSTOMER USE ONLY <table border="1"> <tr> <td><input type="checkbox"/> NO DELIVERY</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> <tr> <td><input type="checkbox"/> No Signature</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> </table> </td> </tr> </table>			Addressee Copy Last 10 digits of account number 1111 2222 3333 4444	Post Office To Addressee	DEIVERY (POSTAL USE ONLY) <table border="1"> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>AM</td> <td>Employee Signature</td> </tr> <tr> <td><input type="checkbox"/> Next Day</td> <td><input type="checkbox"/> 1 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Same Day</td> <td><input type="checkbox"/> 2 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Scheduled Date of Delivery</td> <td><input type="checkbox"/> 3 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt Fee</td> <td><input type="checkbox"/> 4 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> </table>		Delivery Attempt	Time	AM	Employee Signature	<input type="checkbox"/> Next Day	<input type="checkbox"/> 1 PM	<input type="checkbox"/> AM	<input type="checkbox"/>	<input type="checkbox"/> Same Day	<input type="checkbox"/> 2 PM	<input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/> Scheduled Date of Delivery	<input type="checkbox"/> 3 PM	<input type="checkbox"/> AM	<input type="checkbox"/>	<input type="checkbox"/> Return Receipt Fee	<input type="checkbox"/> 4 PM	<input type="checkbox"/> PM	<input type="checkbox"/>	CUSTOMER USE ONLY <table border="1"> <tr> <td><input type="checkbox"/> NO DELIVERY</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> <tr> <td><input type="checkbox"/> No Signature</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> </table>			<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> No Signature	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends													
Addressee Copy Last 10 digits of account number 1111 2222 3333 4444	Post Office To Addressee																																															
DEIVERY (POSTAL USE ONLY) <table border="1"> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>AM</td> <td>Employee Signature</td> </tr> <tr> <td><input type="checkbox"/> Next Day</td> <td><input type="checkbox"/> 1 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Same Day</td> <td><input type="checkbox"/> 2 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Scheduled Date of Delivery</td> <td><input type="checkbox"/> 3 PM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt Fee</td> <td><input type="checkbox"/> 4 PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/></td> </tr> </table>		Delivery Attempt	Time	AM	Employee Signature	<input type="checkbox"/> Next Day	<input type="checkbox"/> 1 PM	<input type="checkbox"/> AM	<input type="checkbox"/>	<input type="checkbox"/> Same Day	<input type="checkbox"/> 2 PM	<input type="checkbox"/> PM	<input type="checkbox"/>	<input type="checkbox"/> Scheduled Date of Delivery	<input type="checkbox"/> 3 PM	<input type="checkbox"/> AM	<input type="checkbox"/>	<input type="checkbox"/> Return Receipt Fee	<input type="checkbox"/> 4 PM	<input type="checkbox"/> PM	<input type="checkbox"/>																											
Delivery Attempt	Time	AM	Employee Signature																																													
<input type="checkbox"/> Next Day	<input type="checkbox"/> 1 PM	<input type="checkbox"/> AM	<input type="checkbox"/>																																													
<input type="checkbox"/> Same Day	<input type="checkbox"/> 2 PM	<input type="checkbox"/> PM	<input type="checkbox"/>																																													
<input type="checkbox"/> Scheduled Date of Delivery	<input type="checkbox"/> 3 PM	<input type="checkbox"/> AM	<input type="checkbox"/>																																													
<input type="checkbox"/> Return Receipt Fee	<input type="checkbox"/> 4 PM	<input type="checkbox"/> PM	<input type="checkbox"/>																																													
CUSTOMER USE ONLY <table border="1"> <tr> <td><input type="checkbox"/> NO DELIVERY</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> <tr> <td><input type="checkbox"/> No Signature</td> <td><input type="checkbox"/> Weekdays</td> <td><input type="checkbox"/> Weekends</td> </tr> </table>			<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> No Signature	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends																																								
<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends																																														
<input type="checkbox"/> No Signature	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends																																														
UNITED STATES POSTAL SERVICE EX- PRESS MAIL																																																
Print postage online - Go to usps.com/f P1 http://office.usps.com/f/pickup																																																
Flat Rate Envelope For Domestic and International Use Visit us at usps.com																																																
 																																																
E 6 3 5 4 9 9 3 6 0 3 U S																																																
ORIGIN POSTAL SERVICE (USE ONLY) <table border="1"> <tr> <td>PO ZIP Code</td> <td>Postage</td> </tr> <tr> <td><input type="checkbox"/> Next Day</td> <td><input type="checkbox"/> 1st Day</td> <td><input type="checkbox"/> 2nd Day</td> <td><input type="checkbox"/> 3rd Day</td> </tr> <tr> <td><input type="checkbox"/> Same Day</td> <td><input type="checkbox"/> 1 PM</td> <td><input type="checkbox"/> 2 PM</td> <td><input type="checkbox"/> 3 PM</td> </tr> <tr> <td>Date Delivered</td> <td>Scheduled Date of Delivery</td> <td>Return Receipt Fee</td> <td></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>No.</td> <td>Year</td> <td></td> <td></td> </tr> <tr> <td>Time Delivered</td> <td>Scheduled Time of Delivery</td> <td>COD Fee</td> <td>Instruction Fee</td> </tr> <tr> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> Non</td> <td><input type="checkbox"/> \$</td> <td><input type="checkbox"/> \$</td> </tr> <tr> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> 2nd Day</td> <td><input type="checkbox"/> Total Postage & Fees</td> </tr> <tr> <td>First Rate</td> <td><input type="checkbox"/> Air Weight</td> <td><input type="checkbox"/> 3rd Day</td> <td><input type="checkbox"/> \$</td> </tr> <tr> <td>No.</td> <td>Int'l Airline Country Code</td> <td>Acceptance Emp. Initials</td> <td></td> </tr> <tr> <td>Cost.</td> <td></td> <td></td> <td></td> </tr> </table>			PO ZIP Code	Postage	<input type="checkbox"/> Next Day	<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 PM	<input type="checkbox"/> 2 PM	<input type="checkbox"/> 3 PM	Date Delivered	Scheduled Date of Delivery	Return Receipt Fee		Month	Day	\$	\$	No.	Year			Time Delivered	Scheduled Time of Delivery	COD Fee	Instruction Fee	<input type="checkbox"/> AM	<input type="checkbox"/> Non	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> PM	<input type="checkbox"/> Military	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> Total Postage & Fees	First Rate	<input type="checkbox"/> Air Weight	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> \$	No.	Int'l Airline Country Code	Acceptance Emp. Initials		Cost.			
PO ZIP Code	Postage																																															
<input type="checkbox"/> Next Day	<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day																																													
<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 PM	<input type="checkbox"/> 2 PM	<input type="checkbox"/> 3 PM																																													
Date Delivered	Scheduled Date of Delivery	Return Receipt Fee																																														
Month	Day	\$	\$																																													
No.	Year																																															
Time Delivered	Scheduled Time of Delivery	COD Fee	Instruction Fee																																													
<input type="checkbox"/> AM	<input type="checkbox"/> Non	<input type="checkbox"/> \$	<input type="checkbox"/> \$																																													
<input type="checkbox"/> PM	<input type="checkbox"/> Military	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> Total Postage & Fees																																													
First Rate	<input type="checkbox"/> Air Weight	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> \$																																													
No.	Int'l Airline Country Code	Acceptance Emp. Initials																																														
Cost.																																																
TO: (PLEASE PRINT) PHONE: _____ FROM: (PLEASE PRINT) PHONE: _____																																																
ZIP + 4 (U.S. Addresses Only, Do Not Use for Foreign Postal Codes) + FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.																																																
FOR PICKUP OR TRACKING Visit: WWW.USPS.COM Call 1-800-222-1811																																																